



STATE MEDICAL EDUCATION BOARD OF GEORGIA

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August 5, 2005

Dear Dentist*:

The 27th Annual Georgia Medical Fair will be held on Friday, September 23 and Saturday, September 24, 2005 at the Airport Marriott Hotel in Atlanta. Dentists who are interested in exploring practice opportunities in rural Georgia are invited to attend this annual conference with no registration fee. Over 400 providers have found practice sites through this event.

Room and Travel Reimbursement: Overnight room expense at the Airport Marriott Hotel for one night (Thursday, Friday or Saturday) will be reimbursed by the State Medical Education Board (SMEB) for those dentists outside of Atlanta who have registered by August 31, 2005. In addition, mileage will be reimbursed up to \$200 per registered student.

Hotel: The Airport Marriott Hotel, 4711 Best Road, College Park, Georgia 30337, is offering a conference rate of \$82, single or double. These rates are subject to applicable taxes, which are currently 13% per room, per night, subject to change without notice.

Reservation Procedures: All reservations should be made directly with the Hotel at 404/766-7900, through the Central Reservation Number at 1-800-228-9290 or online <https://www.marriott.com/reservations/init.asp?marshacode=atlap&path=marriott&gc=mecmeca> (this will take you directly to the Medical Fair room block). To take advantage of the special conference rate, identify yourself as an attendee of the 2005 Medical Fair. **The Airport Marriott Hotel will hold the guaranteed conference rate until September 12, 2005. Check-in time is 3:00 pm; check-out time is 12:00 noon.** A deposit equal to one night's stay is required to hold each reservation.

How to Register: There is a \$40 registration fee for dentists. If your spouse/guest is also a dentist who will be seeking a place to practice, he or she must complete a registration form. Reimbursement is limited to \$200 travel per couple and one room per couple.

* U.S. Citizenship or U.S. Permanent Residency status is required. Please attach a copy of your Permanent Resident notification to your registration form.

Page Two
Dental Student Registration
February 1, 2005

Please complete the enclosed registration form and return to:

27th Annual Georgia Medical Fair
State Medical Board Education Board of Georgia
1718 Peachtree Street, NW, Suite 683
Atlanta, Georgia 30309-2496

When we have processed your registration form, you will receive a confirmation letter and background information on registered communities.

We look forward to seeing you at the 2005 Medical Fair. Please call 404/206-5420 with any questions regarding the Medical Fair.

Sincerely,

Peggy Hensley Shull
Program Manager

27th Annual Georgia Medical Fair

September 23-24, 2005

Airport Marriott Hotel
Atlanta, Georgia

DENTIST REGISTRATION FORM

(Please type or print legibly in dark ink. This form will be duplicated for community representatives attending the Fair)

Part 1 - Dentist Information

Full Legal Name _____ Degree: ☐ DMD ☐ DDS

Street Address _____ Apt. _____
Number _____ E-mail Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Hometown and State _____ Birthdate _____

Place of Birth _____ Country _____

Citizenship: ☐ U.S. ☐ U.S. Permanent Resident (Copy of permanent residency notification required for registration. Please attach.)

Hobbies/Interests _____

Dental School Attended _____

City/State _____ Date Graduated _____

Dental Residency Location _____

City/State _____ Date completed _____

General Dentistry _____

Anticipated Specialty _____

Are you currently licensed in your position? _____

Are you licensed to practice dentistry within the State of Georgia? _____

List any contractual service obligations you will owe after completing your degree:

☐ National Health Service Corps ☐ Military ☐ Service Cancellable Loan

☐ Other, indicate: _____

Month/Day/Year Available for Practice _____

Part 2 – Spouse Information

Spouse's Name _____ Hometown/State _____

Is spouse interested in employment? _____ What type? _____

Spouse's Educational Level/Occupation: _____

Number of Children: _____

Ages of Children: _____

Will spouse or guest accompany resident to Medical Fair? _____
(please provide name of guest)

Part 3 - Practice Preferences

Georgia Location(s) Preferred: ☐ North ☐ Northeast ☐ Northwest
☐ South ☐ Southeast ☐ Southwest
☐ Central ☐ No Preference

Type of Practice Preferred: ☐ Solo ☐ Partnership/Associateship
☐ General Practice Group ☐ Public Health
☐ Specialty Group ☐ Institutional

Preferred Community Size: ☐ < 2,500 ☐ 2,500 - 10,000 ☐ 10,000 - 15,000

Preferred County Size: ☐ <15,000 ☐ 15,000 - 25,000 ☐ 25,000 - 35,000

List, in order of priority, the things most important to you and your spouse in selecting a place to practice/live: _____

Student's Signature Date

Registration Fee: There is a **\$40.00** non-reimbursable fee for dentists. This fee covers registration for one dentist and spouse or guest. Registered dentists may be reimbursed for one night's lodging at the hotel. This includes room rent and guest parking only, no incidentals will be reimbursed. A fee will be charged for additional guests who participate in the meal functions. (see Conference Registration Desk for details.)

Mail form and fee to: 27th Annual Georgia Medical Fair
State Medical Education Board of Georgia
1718 Peachtree Street, NW, Suite 683
Atlanta, Georgia 30309-2496

Call for further information: 404/206-5420

Photographs taken at the Medical Fair are property of the State Medical Education Board of Georgia and may be used in future promotional materials. Registration for this conference acknowledges this potential use and serves as a photo release.